

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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October 4, 2019

Ms. Kris Mangano, EMS Administrator  
San Benito County EMS Agency  
471 Fourth Street  
Hollister, CA 95023

Dear Ms. Mangano:

This letter is in response to San Benito County's 2017 EMS Plan submission to the EMS Authority on February 7, 2019.

**I. Introduction and Summary:**

The EMS Authority has concluded its review of San Benito County's 2017 EMS Plan and is approving the plan as submitted.

**II. History and Background:**

San Benito County received its last plan approval for its 2016 plan submission.

Historically, we have received EMS Plan submissions from San Benito County for the following years:

- 1996
- 2001-2002
- 2004
- 2007-2008
- 2010
- 2012
- 2015-2016

Health and Safety Code (HSC) § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute, regulations, and case law, consistent with HSC § 1797.105(b).

### III. Analysis of EMS System Components:

Following are comments related to San Benito County's 2017 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable laws, regulations, case law, and the EMS system components identified in HSC § 1797.103, are indicated below:

- |  | Not                      |   |
|--|--------------------------|---|
| Approved                               | Approved                 |   |
| A. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u>                  |
| C. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u>                     |
| D. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u>            |

Based on the documentation provided, please find enclosed the EMS Authority's determination of the exclusivity of San Benito County's ambulance zones.

- |  |                          |  |
|--|--------------------------|--|
| E. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u>          |
| F. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |
| G. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Public Information and Education</u>  |
| H. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Disaster Medical Response</u>         |

### IV. Conclusion:

Based on the information identified, San Benito County's 2017 EMS Plan is approved.

Pursuant to HSC § 1797.105(b):

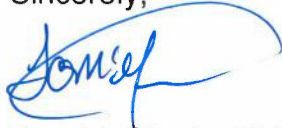
*"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."*

Ms. Kris Mangano, EMS Administrator  
October 4, 2019  
Page 3 of 3

**V. Next Steps:**

San Benito County's next EMS Plan will be due on or before October 31, 2020. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Tom McGinnis, EMT-P  
Chief, EMS Systems Division

Enclosure

2017 San Benito EMS Transportation Plan  
Approved

ZONE	EXCLUSIVITY			TYPE			LEVEL						
San Benito County	Non-Exclusive			Emergency Ambulance			All Emergency Ambulance Services						
	Exclusive			ALS			9-1-1 Emergency Response						
	Method to Achieve Exclusivity			LALS			7-digit Emergency Response						
							ALS Ambulance						
							All CCT Ambulance Services						
							BLS Non-Emergency and IFT						
							Standby Service with Transport Authorization						
San Benito County	X	Non-Competitive	X				X		X				

# EMS Plan Annual Update 2017



San Benito County Office of Emergency Services  
Emergency Medical Services Division  
EMS Plan Annual Report 2017



## Summary

The EMS Plan Update for the County of San Benito is intended to meet the requirements of the California Health & Safety Code, Division 2.5, § 1797.254. There are no significant changes from our 2016 EMS Plan Update that was approved by the Authority in February 2018. All data is for calendar year 2017 except budget data, which is for Fiscal Year 2017-2018. It is my pleasure to present this update on behalf of the County of San Benito.

Sincerely,

*Kris Mangano*

Kris Mangano  
EMS Coordinator



## Contents

Summary .....	1
Contents .....	2
Goals & Objectives.....	3
Organizational Chart .....	4
Table 1 .....	5
Table 2 .....	14
Table 3 .....	19
Table 4 .....	20
Table 5 .....	21
Table 6 .....	22
Table 7 .....	23
Table 8 .....	25
Table 9 .....	31
Table 10 .....	32
Table 11 .....	33
Progress/Objectives .....	34
Ambulance Zone Summary Form.....	35

## Goals & Objectives

- Improve Cardiac Arrest Survival Rates
  - We recently purchased and distributed over 30 Automatic External Defibrillators (AEDs) to county and city buildings, public buildings and several community parks.
  - Encouraging bystander CPR through county-wide "Hands-Only CPR" events.
  - Participation in the CARES program to monitor cardiac data
- Local Trauma Care Center
  - Participation and coordination of Hazel Hawkins' Hospital verification as a Level IV Trauma Center.
  - Collect, verify and evaluate trauma data from the Level IV Trauma Center.
- Disaster Response
  - Participate in the Hospital Preparedness Program (HPP) by planning and implementing disaster drills, including tabletop and functional exercises.
  - Continued implementation and training of EMS policies related to multi-casualty incidents, including pre-hospital, hospital, dispatch and EMS Agency responses.
- Public Information & Education
  - Continue to sponsor "Hands-Only CPR" events
  - Release of media information and participation in media events related to emergency medical services.
  - Participation with county-wide organizations
    - Executive Committee for San Benito County Opioid Task Force.
    - Board Member for Emmaus House, a domestic violence shelter for women and children.





# Addendum to the 2017 EMS Plan Annual Update



San Benito County Office of Emergency Services  
Emergency Medical Services Division

ADDENDUM TO THE 2017 EMS PLAN ANNUAL UPDATE  
SEPTEMBER 12, 2019

**SAN BENITO COUNTY EMERGENCY MEDICAL SERVICES AGENCY**  
**ADDENDUM TO THE 2017 ANNUAL UPDATE**

### Trauma System Status Report

As required by Section 100253(j) of the California Code of Regulation, the *Trauma System Status Report* is shown as Attachment A.

### Medical Health Operational Area Coordinator (MHOAC)

In San Benito County, the MHOAC position is the responsibility of the EMS Coordinator. The MHOAC represents the single point of contact for the program and is responsible for monitoring and ensuring adequate medical and health resources are in place during a local emergency. The MHOAC is authorized to make and respond to requests for mutual aid from outside of San Benito County.

During non-emergency operations and the initial phase of an emergency, the MHOAC operates in a duty officer mode and is on-call 24/7. The MHOAC is responsible for ensuring the operational effectiveness of 17 mandated functions:

1. Assessment of immediate medical needs
2. Coordination of disaster medical and health resources
3. Coordination of patient distribution and medical evaluations
4. Coordination of out-of-hospital medical care providers
5. Coordination and integration with fire agencies personnel, resources, and emergency fire prehospital medical services
6. Coordination of providers of non-fire based prehospital emergency medical services
7. Coordination of the establishment of temporary pre-transport field treatment sites
8. Health surveillance and epidemiological analysis of community health status
9. Assurance of food safety
10. Management of exposure to hazardous agents
11. Provisions of coordination of mental health services
12. Provision or coordination of mental health services
13. Provision of medical and health public information and protective action recommendations
14. Provision or coordination of vector control services
15. Assurance of drinking water safety
16. Assurance of the safe management of liquid, solid, and hazardous wastes
17. Investigation and control of communicable disease

The MHOAC Program has 4 major activities to perform in order to ensure the operational effectiveness of the 17 mandated functions:

- Overall incident assessment to maintain situational awareness
- Overall interagency coordination with subject matter experts in the 17 functional areas
- Situation status reporting
- Resource request management for medical and health resources

In San Benito County, the Emergency Medical Services Agency is a division of the Office of Emergency Services. As a result, both agencies work together to ensure the development of a health and medical disaster plan for the operational area. The health and medical emergency function (EF-8) plan includes preparedness, response, recovery, and mitigation functions and is an annex to the County Emergency Operations Plan.

The *Multi-Casualty Incident (MCI) Plan* was revised within the last 5-years and has been tested in annual drills and exercises and has been implemented for several MCIs.

**ATTACHMENT A:****Trauma System Summary Report**

The San Benito County Trauma Care System Plan was developed in compliance with California Code of Regulations, Title 22 Trauma Care Systems. The last System Status Report was submitted in July 2017.

The Trauma Care System Plan outlines the structure and operations of the trauma care system within San Benito County, specifically policies and procedures for System operations, building upon the current EMS system.

It is recognized that the best trauma care will be consistently rendered not locally, but at out-of-county trauma centers. Therefore, San Benito County's trauma system focuses on the rapid and accurate identification of patients who would likely require the services of such centers. Our current plan includes field triage using *PAM* triage criteria to identify major trauma victims and transportation of those patients to a Level I or Level II Trauma Center outside San Benito County, when appropriate, by air ambulance or by ground. For extended transport times to out-of-county Level I or Level II Trauma Centers, or trauma patients in extremis, patients are transferred to Hazel Hawkins Hospital, our local general acute care medical facility.

Our plan continues to include the designation of a Level IV Trauma Center at Hazel Hawkins Hospital in Hollister, in early 2020. Hazel Hawkins Hospital has had numerous internal setbacks (staffing, lack of support from surgeons, etc.). With the designation of a Level IV Trauma Center, a Trauma Audit Committee (TAC) will be established. The committee will be comprised of members from Hazel Hawkins Hospital, trauma centers in Santa Clara and Monterey Counties, the LEMSAs and pre-hospital personnel. The TAC will be responsible for ensuring that Quality Assurance standards are met by meeting County policy and procedure.

**Changes in Trauma System**

There have been no changes to the Trauma System; however, Hazel Hawkins Hospital continues to work towards a designation as a Level IV Trauma Center.

Our Policies, Procedures and Protocols, including trauma protocols, are reviewed annually by the EMS Agency Medical Director and the Pre-Hospital Advisory Committee (PAC) and approved by the Emergency Medical Care Commission (EMCC).

We do not anticipate changes to our trauma policy or transportation policy when Hazel Hawkins Hospital is a Level IV Trauma Center. However, the Trauma System Plan will be updated once the hospital becomes Level IV Trauma Center.

### Number and Designation Level of Trauma Centers

There are currently no designated Trauma Centers in San Benito County.

### Trauma System Goals and Objectives

- Designation of Hazel Hawkins Hospital as a Level IV Trauma in early 2020.
- Continue to contribute and participate in regional trauma data collection programs
- Participate in Trauma Advisory Committees with Monterey and Santa Clara Counties and assure attendance when San Benito County patients are on the agenda for review/discussion

### Changes to Implementation Schedule

There are currently no changes.

### System Performance Improvement

We consistently review trauma calls with our PAC and QI Workgroup and measure Quality Improvement Indicators. We also participate in monthly QI and Trauma-facility meetings with Monterey and Santa Clara Counties, as the majority of our trauma patients are transported Natividad Medical Center in Salinas, Valley Medical Center in San Jose or Regional Medical Center in San Jose. We receive monthly trauma data from our air ambulance providers, in addition to the data received from our electronic patient care reporting system, and include a summary to our PAC and QI Workgroups.

### Progression Addressing EMS Authority Trauma System Plan Comments

There is no update at this time.

### Other Issues

There are issues at this time.



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Agency Administration:</b>						
1.01	LEMSA Structure		✓	✓		
1.02	LEMSA Mission		✓	✓		
1.03	Public Input		✓	✓		
1.04	Medical Director		✓	✓		
<b>Planning Activities:</b>						
1.05	System Plan		✓	✓		
1.06	Annual Plan Update		✓	✓		
1.07	Trauma Planning*		✓	✓	✓	
1.08	ALS Planning*		✓	✓		
1.09	Inventory of Resources		✓	✓		
1.10	Special Populations		✓	✓		
1.11	System Participants		✓	✓		
<b>Regulatory Activities:</b>						
1.12	Review & Monitoring		✓	✓		
1.13	Coordination		✓	✓		
1.14	Policy & Procedures Manual		✓	✓		
1.15	Compliance w/Policies		✓	✓		
<b>System Finances:</b>						
1.16	Funding Mechanism		✓	✓		
<b>Medical Direction:</b>						
1.17	Medical Direction*		✓	✓		
1.18	QA/QI		✓	✓		
1.19	Policies, Procedures, Protocols		✓	✓		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20 DNR Policy		✓	✓		
1.21 Determination of Death		✓	✓		
1.22 Reporting of Abuse		✓	✓		
1.23 Interfacility Transfer		✓	✓		
<b>Enhanced Level: Advanced Life Support</b>					
1.24 ALS Systems		✓	✓		
1.25 On-Line Medical Direction		✓	✓		
<b>Enhanced Level: Trauma Care System:</b>					
1.26 Trauma System Plan		✓	✓	✓	
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>					
1.27 Pediatric System Plan		✓	✓		
<b>Enhanced Level: Exclusive Operating Areas:</b>					
1.28 EOA Plan		✓	✓		

**TABLE 1: MINIMUM STANDARD/RECOMMENDED GUIDELINES**

**B. STAFFING/TRAINING**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Local EMS Agency:</b>						
2.01	Assessment of Needs		✓	✓		
2.02	Approval of Training		✓	✓		
2.03	Personnel		✓	✓		
<b>Dispatchers:</b>						
2.04	Dispatch Training		✓	✓		
<b>First Responders (non-transporting):</b>						
2.05	First Responder Training		✓	✓		
2.06	Response		✓	✓		
2.07	Medical Control		✓	✓		
<b>Transporting Personnel:</b>						
2.08	EMT-I Training		✓	✓		
<b>Hospital:</b>						
2.09	CPR Training		✓	✓		
2.10	Advanced Life Support		✓	✓		
<b>Enhanced Level: Advanced Life Support:</b>						
2.11	Accreditation Process		✓	✓		
2.12	Early Defibrillation		✓	✓		
2.13	Base Hospital Personnel		✓	✓		



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES****C. COMMUNICATIONS**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
<b>Communications Equipment:</b>						
3.01	Communication Plan*		✓	✓		
3.02	Radios		✓			
3.03	Interfacility Transfer*		✓			
3.04	Dispatch Center		✓	✓		
3.05	Hospitals		✓			
3.06	MCI/Disasters		✓	✓		
<b>Public Access:</b>						
3.07	9-1-1 Planning/ Coordination		✓	✓		
3.08	9-1-1 Public Education		✓			
<b>Resource Management:</b>						
3.09	Dispatch Triage		✓	✓		
3.10	Integrated Dispatch		✓	✓		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**D. RESPONSE/TRANSPORTATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
4.01	Service Area Boundaries*		✓	✓		
4.02	Monitoring		✓	✓		
4.03	Classifying Medical Requests		✓	✓		
4.04	Prescheduled Responses		✓			
4.05	Response Time*		✓			
4.06	Staffing		✓	✓		
4.07	First Responder Agencies		✓	✓		
4.08	Medical & Rescue Aircraft*		✓	✓		
4.09	Air Dispatch Center		✓	✓		
4.10	Aircraft Availability*		✓	✓		
4.11	Specialty Vehicles*		✓	✓		
4.12	Disaster Response		✓	✓		
4.13	Intercounty Response*		✓	✓		
4.14	Incident Command System		✓	✓		
4.15	MCI Plans		✓	✓		
<b>Enhanced Level: Advanced Life Support:</b>						
4.16	ALS Staffing		✓	✓		
4.17	ALS Equipment		✓	✓		
<b>Enhanced Level: Ambulance Regulation:</b>						
4.18	Compliance		✓	✓		
<b>Enhanced Level: Exclusive Operating Permits:</b>						
4.19	Transportation Plan		✓	✓		
4.20	"Grandfathering"		✓	✓		
4.21	Compliance		✓	✓		
4.22	Evaluation		✓	✓		



**TABLE 1: MINIMUM STANDARD/RECOMMENDED GUIDELINES**

**E. FACILITIES/CRITICAL CARE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
5.01	Assessment of Capabilities		✓	✓		
5.02	Triage & Transfer Protocols*		✓	✓		
5.03	Transfer Guidelines*		✓	✓		
5.04	Specialty Care Facilities*		✓			
5.05	Mass Casualty Management		✓	✓		
5.06	Hospital Evacuation*		✓			
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation*		✓	✓		
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		✓			
5.09	Public Input		✓			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design		✓			
5.11	Emergency Departments		✓			
5.12	Public Input		✓			
<b>Enhanced Level: Other Specialty Care Systems:</b>						
5.13	Specialty System Design		✓			
5.14	Public Input		✓			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**F. DATA COLLECTION/SYSTEM EVALUATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
6.01	QA/QI Program		✓			
6.02	Prehospital Records		✓			
6.03	Prehospital Care Audits		✓			
6.04	Medical Dispatch		✓			
6.05	Data Management System*		✓			
6.06	System Design Evaluation		✓			
6.07	Provider Participation		✓			
6.08	Reporting		✓			
<b>Enhanced Level: Advanced Life Support:</b>						
6.09	ALS Audit		✓	✓		
<b>Enhanced Level: Trauma Care System:</b>						
6.10	Trauma System Evaluation		✓			
6.11	Trauma Center Data		✓	✓	✓	

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES****G. PUBLIC INFORMATION AND EDUCATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
7.01	Public Information Materials		✓			
7.02	Injury Control		✓			
7.03	Disaster Preparedness		✓			
7.04	First Aid & CPR Training		✓			



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**H. DISASTER MEDICAL RESPONSE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
8.01	Disaster Medical Planning*		✓	✓		
8.02	Response Plans		✓	✓		
8.03	HazMat Training		✓	✓		
8.04	Incident Command System		✓	✓		
8.05	Distribution of Casualties*		✓	✓		
8.06	Needs Assessment		✓	✓		
8.07	Disaster Communications*		✓	✓		
8.08	Inventory of Resources		✓	✓		
8.09	DMAT Teams		✓	✓		
8.10	Mutual Aid Agreements*		✓			
8.11	CCP Designation*		✓			
8.12	Establishment of CCPs		✓			
8.13	Disaster Medical Training		✓			
8.14	Hospital Plans		✓			
8.15	Interhospital Communications		✓			
8.16	Prehospital Agency Plans		✓			
<b>Enhanced Level: Advanced Life Support:</b>						
8.17	ALS Policies		✓	✓		
<b>Enhanced Level: Specialty Care Systems:</b>						
8.18	Specialty Center Roles		✓			
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>						
8.19	Waiving Exclusivity		✓			

**LEMSA:**

FY: 2017

[illegible]



## Addendum/Clarification

### Standard 1.07/1.26

Hazel Hawkins Hospital is on track to request approval from the LEMSA by the end of this calendar year, 2019. They've had numerous internal setbacks (staffing, support from Surgeons, etc.) including management turn-over. The LEMSA recently met with the hospital Board of Directors and the Chief of ER to assist them in moving forward. Progress is being made.

### STEMI/STROKE

San Benito County does not have a local STEMI/Stroke system, however, our STEMI/Stroke patients are transported out-of-county, by ground or air, to appropriate specialty centers in neighboring counties (Monterey or Santa Clara). Hazel Hawkins Hospital does not have plans to implement a local STEMI/Stroke system.

### Trauma System Plan

San Benito County EMS will be updating the Trauma System Plan as soon as Hazel Hawkins Hospital becomes a Level IV Trauma Center. The plan has not changed since last submitted.

## TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2017

**NOTE:** Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:  
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)  
  
County: San Benito County  
  
A. Basic Life Support (BLS) \_\_\_\_\_ %  
B. Limited Advanced Life Support (LALS) \_\_\_\_\_ %  
C. Advanced Life Support (ALS) \_\_\_\_\_ 100%
2. Type of agency
  - a) Public Health Department
  - b) County Health Services Agency
  - c) Other (non-health) County Department
  - d) Joint Powers Agency
  - e) Private Non-Profit Entity
  - f) Other: Emergency Medical Services Agency is a Division of the Office of Emergency Services
3. The person responsible for day-to-day activities of the EMS agency reports to
  - a) Public Health Officer
  - b) Health Services Agency Director/Administrator
  - c) Board of Directors
  - d) Other: Office of Emergency Services Manager ✓
4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	✓
Designation of trauma centers/trauma care system planning	✓
Designation/approval of pediatric facilities	✓
Designation of other critical care centers	✓
Development of transfer agreements	✓
Enforcement of local ambulance ordinance	✓
Enforcement of ambulance service contracts	✓
Operation of ambulance service	✓
Continuing education	✓
Personnel training	✓
Operation of oversight of EMS dispatch center	_____
Non-medical disaster planning	_____
Administration of critical incident stress debriefing team (CISD)	_____

**TABLE 2:      SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	✓
Other: <u>MHOAC</u>	✓
Other: _____	_____
Other: _____	_____

**5.    EXPENSES**

Salaries and benefits (All but contract personnel)	\$ <u>184,090.00</u>
Contract Services (e.g. medical director)	<u>7,865.00</u>
Operations (e.g. copying, postage, facilities)	<u>65,863.00</u>
Travel	<u>7,575.00</u>
Fixed assets	_____
Indirect expenses (overhead)	<u>24,010.00</u>
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	<u>45,775.00</u>
Dispatch center operations (non-staff)	<u>88,022.00</u>
Training program operations	_____
Other: <u>Base Station Hospital</u>	<u>7,000.00</u>
Other: _____	_____
Other: _____	_____
<b>TOTAL EXPENSES</b>	<b>\$ <u>430,200.00</u></b>

**6.    SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	\$ _____
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	_____
Other local tax funds (e.g., EMS district)	<u>414,019.00</u>
County contracts (e.g. multi-county agencies)	_____
Certification fees	<u>2,048.00</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____

**TABLE 2:      SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	<u>8,130.00</u>
Contributions	_____
EMS Fund (SB 12/612)	<u>125,068.46</u>
Other grants: _____	_____
Other fees: <u>Hollister Hills</u>	<u>57,000.00</u>
Other (specify): _____	_____
<b>TOTAL REVENUE</b>	<b>\$ <u>606,235.05</u></b>

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.  
IF THEY DON'T, PLEASE EXPLAIN.*

Revenue exceeds Expenses because the hospital did not request purchases using Richie Funds. We also increased the amount charged per parcel for the EMS District Fund to set aside money for our office move and relocation.

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

**7. Fee structure**

☐ We do not charge any fees

☒ Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	<u>54.00</u>
EMT-I recertification	<u>47.00</u>
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
AEMT certification	_____
AEMT recertification	_____
EMT-P accreditation	<u>146.00</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>169.00</u>
MICN/ARN recertification	<u>100.00</u>
EMT-I training program approval	_____
AEMT training program approval	_____
EMT-P training program approval	<u>828.00</u>
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	_____
Trauma center application	_____
Trauma center designation	<u>4,493.00</u>
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application	
Type: _____	
Other critical care center designation	
Type: <u>STEMI</u>	<u>4,493.00</u>
Ambulance service license (Cert. Of Ops. ALS/CCT)	<u>735.00</u>
<u>Ambulance Service License</u> (Gurney/Wheelchair/BLS/Air)	<u>601.00</u>
Ambulance vehicle permits (ALS/CCT/QRV)	<u>133.00</u>
Other: Ambulance vehicle permits (Gurney/Wheelchair/BLS)	<u>102.00</u>

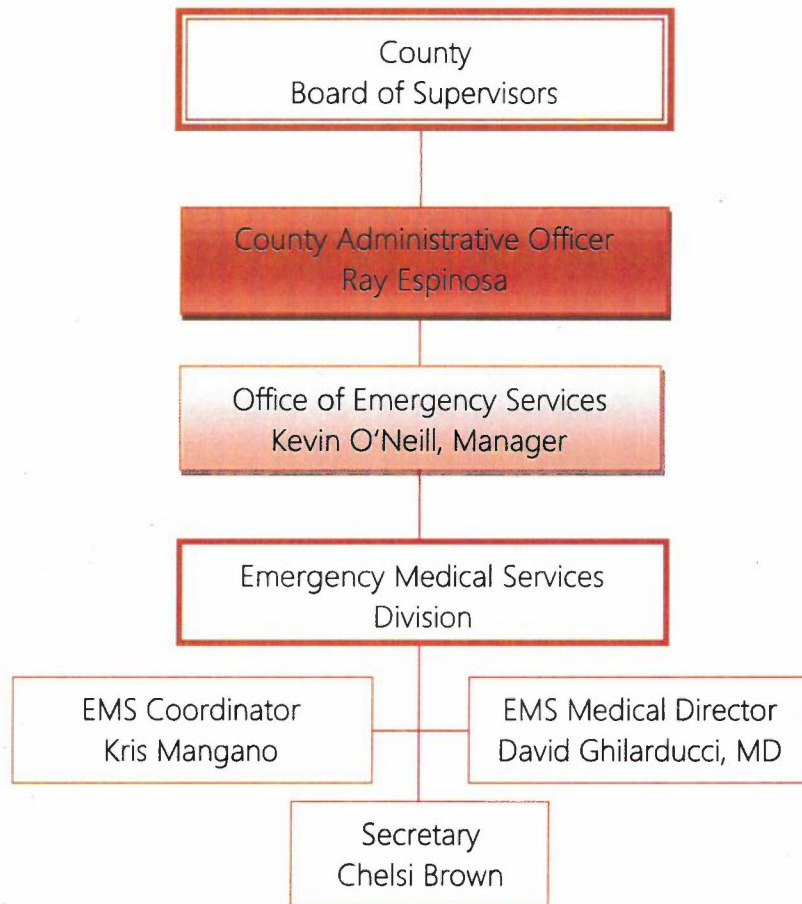


**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Coordinator	1	42.02	30	
Asst. Admin./Admin.Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coordinator					
Program Coordinator/Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	Medical Director	1	110.00	N/A	contractor
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Secretary	1	25.17	30	
Other Clerical					
Data Entry Clerk					
Other					

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

## COUNTY OF SAN BENITO ORGANIZATIONAL CHART



San Benito County Emergency Medical Care Committee (EMCC), acts in an advisory capacity to the Board of Supervisors and the EMS Director in regards to operational and medical issues. Per the bylaws, the EMCC shall advise and recommend EMS systems planning and oversight to the Board of Supervisors.

TABLE 3: STAFFING/TRAINING

Reporting Year: 2017

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	81			
Number newly certified this year	11			
Number recertified this year	28			
Total number of accredited personnel on July 1 of the reporting year	78			
Number of certification reviews resulting in:				
a) formal investigations	0			
b) probation	0		0	
c) suspensions	0		0	
d) revocations	0			
e) denials	0			
f) denials of renewal	0			
g) no action taken	0			

1. Early defibrillation:

- a) Number of EMT-I (defib) authorized to use AEDs
- b) Number of public safety (defib) certified (non-EMT-I)

81  
0

2. Do you have an EMR training program

☐ yes ☒ no

## TABLE 4: COMMUNICATIONS

**Note:** Table 4 is to be answered for each county.

County: San Benito

Reporting Year: 2017

- |  |   |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP)  | <u>1</u>  |
| 2. Number of secondary PSAPs   | <u>2</u>  |
| 3. Number of dispatch centers directly dispatching ambulances  | <u>1</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines  | <u>1</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft  | <u>0</u>  |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br><u>Santa Cruz Regional 911</u> |   |
| 7. Who is your primary dispatch agency for a disaster?<br><u>Santa Cruz Regional 911</u>             |   |
| 8. Do you have an operational area disaster communication system?                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>Tx 463.00 / Rx 468.0</u>   |   |
| b. Other methods <u>Hollister Fire frequency</u>   |   |
| c. Can all medical response units communicate on the same disaster communications system?            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area?  |   |
| 2) Between operation area and the region and/or state?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |



## TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2017

**Note:** Table 5 is to be reported by agency.

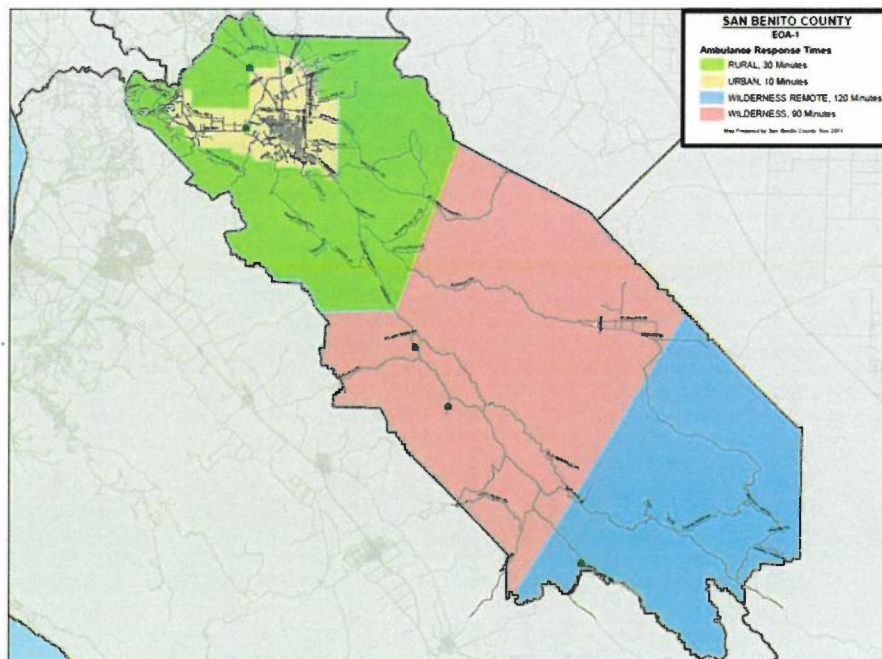
### Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 5

### SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder				
Early defibrillation responder				
Advanced life support responder	10 minutes	30 minutes	90 minutes	
Transport Ambulance	10 minutes	30 minutes	90 minutes	



## TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2017

**NOTE:** Table 6 is to be reported by agency.

### Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>740</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>113</u>
3. Number of major trauma patients transferred to a trauma center	<u>73</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>374</u>

### Emergency Departments

Total number of emergency departments	<u>1</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>0</u>
3. Number of basic emergency services	<u>1</u>
4. Number of comprehensive emergency services	<u>0</u>

### Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>1</u>
2. Number of base hospitals with written agreements	<u>1</u>

## TABLE 7: DISASTER MEDICAL

Reporting Year: 2017

County: San Benito

**NOTE:** Table 7 is to be answered for each county.

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? See below
  - b. How are they staffed? See below
  - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD  
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
  - a. Do you have any team medical response capability? ☐ Yes ☒ No
  - b. For each team, are they incorporated into your local response plan? ☐ Yes ☐ No
  - c. Are they available for statewide response? ☐ Yes ☐ No
  - d. Are they part of a formal out-of-state response system? ☐ Yes ☐ No
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
  - b. At what HazMat level are they trained? \_\_\_\_\_
  - c. Do you have the ability to do decontamination in an emergency room? ☐ Yes ☒ No
  - d. Do you have the ability to do decontamination in the field? ☐ Yes ☒ No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a:
  - a. real event? ☒ Yes ☐ No
  - b. exercise? ☒ Yes ☐ No

**TABLE 7: DISASTER MEDICAL (cont.)**

4. List all counties with which you have a written medical mutual aid agreement:  
none
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☐ Yes ☒ No
8. Are you a separate department or agency? ☒ Yes ☐ No
9. If not, to whom do you report? \_\_\_\_\_
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

**Comments:**

Although we have pre-identified Casualty Collection Points, the emergency itself will ultimately determine whether the pre-identified sites are most appropriate for the given circumstances. Resources needed to operate CCPs would go through the IC. We would also work closely with the Office of Emergency Services to identify locations, for staffing, and logistics



**TABLE 7: DISASTER MEDICAL (cont.)**

4. List all counties with which you have a written medical mutual aid agreement:  
none
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☐ Yes ☒ No
8. Are you a separate department or agency? ☒ Yes ☐ No
9. If not, to whom do you report? \_\_\_\_\_
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

Comments:

Although we have pre-identified Casualty Collection Points, the emergency itself will ultimately determine whether the pre-identified sites are most appropriate for the given circumstances. Resources needed to operate CCPs would go through the IC. We would also work closely with the Office of Emergency Services to identify locations, for staffing, and logistics

**Table 8: Resource Directory**Reporting Year: 2017**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** San Benito **Provider:** American Medical Response **Response Zone:** EOA**Address:** 1870 Hillcrest Road  
Hollister, CA 95023**Number of Ambulance Vehicles in Fleet:** 6**Phone Number:** (831) 636-9391**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

3427 Total number of responses  
3427 Number of emergency responses  
0 Number of non-emergency responses

2290 Total number of transports  
2245 Number of emergency transports  
45 Number of non-emergency transports

**Air Ambulance Services**

         Total number of responses  
         Number of emergency responses  
         Number of non-emergency responses

         Total number of transports  
         Number of emergency transports  
         Number of non-emergency transports

**Table 8: Resource Directory**Reporting Year: 2017**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** San Benito      **Provider:** Aromas Tri-County Fire District      **Response Zone:** Rural/Aromas Area

**Address:** 429 Carpenteria Road      **Number of Ambulance Vehicles in Fleet:** 0  
Aromas, CA 95004

**Phone Number:** (831) 726-3130      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

63      Total number of responses  
63      Number of emergency responses  
0      Number of non-emergency responses

\_\_\_\_\_      Total number of transports  
 \_\_\_\_\_      Number of emergency transports  
 \_\_\_\_\_      Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_      Total number of responses  
 \_\_\_\_\_      Number of emergency responses  
 \_\_\_\_\_      Number of non-emergency responses

\_\_\_\_\_      Total number of transports  
 \_\_\_\_\_      Number of emergency transports  
 \_\_\_\_\_      Number of non-emergency transports

**Table 8: Resource Directory**Reporting Year: 2017**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** San Benito **Provider:** CALSTAR/REACH **Response Zone:** County-wide

**Address:** 4933 Bailey Loop **Number of Ambulance Vehicles in Fleet:** 3  
McClellan, CA 95652

**Phone Number:** (916) 921-4000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3 in our area

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

332 Total number of responses  
332 Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

332 Total number of transports  
332 Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports



**Table 8: Resource Directory**Reporting Year: 2017**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** San Benito**Provider:** Hollister Fire Dept.**Response Zone:** County of San Benito,  
City of Hollister, City of  
San Juan Bautista**Address:** 110 Sally Street  
Hollister, CA 95023**Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** (831) 636-4324**Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

3364 Total number of responses  
3364 Number of emergency responses  
0 Number of non-emergency responses

           Total number of transports  
           Number of emergency transports  
           Number of non-emergency transports

**Air Ambulance Services**

           Total number of responses  
           Number of emergency responses  
           Number of non-emergency responses

           Total number of transports  
           Number of emergency transports  
           Number of non-emergency transports

**Table 8: Resource Directory**Reporting Year: 2017**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** San Benito**Provider:** State of California Dept. of Parks & Recreation**Response Zone:** Hollister Hills SVRA**Address:** 7800 Cienega Road  
Hollister, CA 95023**Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** (831) 637-8186**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <div> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT         </div>	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: EMTs and Lifeguards	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

156 Total number of responses  
156 Number of emergency responses  
0 Number of non-emergency responses

           Total number of transports  
           Number of emergency transports  
           Number of non-emergency transports

**Air Ambulance Services**

           Total number of responses  
           Number of emergency responses  
           Number of non-emergency responses

           Total number of transports  
           Number of emergency transports  
           Number of non-emergency transports

**Table 8: Resource Directory**Reporting Year: 2017**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** San Benito      **Provider:** National Parks Service      **Response Zone:** Pinnacles National Park

**Address:** 5000 Highway 146      **Number of Ambulance Vehicles in Fleet:** 0  
Paicines, CA 95043

**Phone Number:** (831) 389-4486      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: EMTs & Park Rangers	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

5      Total number of responses  
5      Number of emergency responses  
0      Number of non-emergency responses

\_\_\_\_\_      Total number of transports  
 \_\_\_\_\_      Number of emergency transports  
 \_\_\_\_\_      Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_      Total number of responses  
 \_\_\_\_\_      Number of emergency responses  
 \_\_\_\_\_      Number of non-emergency responses

\_\_\_\_\_      Total number of transports  
 \_\_\_\_\_      Number of emergency transports  
 \_\_\_\_\_      Number of non-emergency transports



Date: 2017

**EMS PLAN**  
**AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

San Benito County Emergency Medical Services  
A Division of the San Benito County Office of Emergency Services

**Area or Subarea (Zone) Name or Title:**

n/a

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Medical Response (uninterrupted)

**Area or Subarea (Zone) Geographic Description:**

The area includes the entire County of San Benito

**THE LEGAL DESCRIPTION OF COUNTY OF SAN BENITO, CALIFORNIA**

Commencing at a point in the center of the Pajaro River, said point being the northwest corner of the Rancho Las Arromitas y Agua Caliente, and being on the northern boundary line of Monterey, and running thence in a southerly direction along the southwest boundary of said Rancho to the southwest corner thereof; thence southerly in a direct line to the summit of said Gabilan Range of Mountains, and thence in a southeasterly along the summit of said Gabilan Mountains to the Chalone Peak; thence southeasterly in a direct line to the division line of the parts of San Lorenzo Sobrantes Rancho owned respectively by Breen and Dunn; thence along said dividing line of said Rancho to the southern boundary thereof; thence due south to the San Lorenzo Creek; thence southeasterly up the center of said Lorenzo or Lewis Creek, and up the north fork thereof, to the summit of the divide between the waters of said Lewis Creek and San Benito Creek; thence following said divide southerly to the eastern boundary of Monterey and the summit of the Coast Range Mountains; Thence northerly, following the summit of said mountains to where the range line between T. 18S, or R. 12 and 13 E., M. D. B. & M., crosses the same; thence northerly along said range line to the northeast corner of T. 18 S., R. 12 E., ; thence northerly along said township line to the south line of T. 16 N., R. 13 E., M. D. B. & M., thence west to the southeast corner of T. 16 S., R. 12 E., M. D. B. & M.; thence northwest in a straight line to the northeast corner of T. 14 S., R. 9 E.; thence in a straight line northwesterly, running toward the northeast corner of T. 13 S., R. 7 E., to a point where said line intersects the county line between San Benito and Merced; thence along the boundary line between San Benito and Merced to the northeast corner of San Benito and southeast corner of Santa Clara; thence following the county line between Santa Clara and San Benito to the place of beginning.



**Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):**

Include intent of local EMS agency and board action.

As stated in the County EMS Plan and defined in Calif. H&S Code §1797.85 and as approved by the California EMS Authority on July 10, 2006, San Benito County's Emergency Ambulance Zone (EOA-1) is an Exclusive Operating Area.

**Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance Service at 911 Emergency Response/ALS Ambulance

**Method to achieve exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

In the 2005 EMS Plan Update, the California EMS Authority designated the County as an Exclusive Operating Area without the use of a competitive bid process. This was done by using the grandfather provision of Health & Safety Code §1797.224 and to acknowledge that San Benito has continued using, in the same manner and scope without interruption of services, existing Emergency Ambulance Service Providers since January 1, 1981.

On July 10, 2006, the Authority notified San Benito County EMS that it meets EOA grandfathering provisions of Health & Safety Code Section 1797.224.

TABLE 9: FACILITIES

County: San Benito

Note: Complete information for each facility by county. Make copies as needed.

Facility: Hazel Hawkins Hospital Telephone Number: (831) 637-5711  
Address: 911 Sunset Drive  
Hollister, CA 95023

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: APPROVED TRAINING PROGRAMS

County: San Benito Reporting Year: 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>N/A</u>		Telephone Number:	<u></u>	
Address:	<u></u>				
	<u></u>				
Student Eligibility*:	<u></u>	**Program Level	<u></u>		
	Cost of Program:				
	Basic:	Number of students completing training per year:			
	Refresher:	Initial training:			
		Refresher:			
		Continuing Education:			
		Expiration Date:			
		Number of courses:			
		Initial training:			
		Refresher:			
		Continuing Education:			

\*Open to general public or restricted to certain personnel only.  
\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:	<u></u>		Telephone Number:	<u></u>	
Address:	<u></u>				
	<u></u>				
Student Eligibility*:	<u></u>	**Program Level	<u></u>		
	Cost of Program:				
	Basic:	Number of students completing training per year:			
	Refresher:	Initial training:			
		Refresher:			
		Continuing Education:			
		Expiration Date:			
		Number of courses:			
		Initial training:			
		Refresher:			
		Continuing Education:			

\*Open to general public or restricted to certain personnel only.  
\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

**TABLE 11: DISPATCH AGENCY**

**County:** San Benito

Reporting Year: 2017

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name: \_\_\_\_\_ Primary Contact: \_\_\_\_\_  
 Address: Santa Cruz Regional 911  
495 Upper Park Road  
Santa Cruz, CA 95065  
 Telephone Number: 831-471-1000

Written Contract: ☒ Yes ☐ No  
 Medical Director: ☒ Day-to-Day  
☐ Yes ☒ No ☒ Disaster  
 Number of Personnel Providing Services:  
 \_\_\_\_\_ EMD Training 31 EMT-D \_\_\_\_\_ ALS  
 \_\_\_\_\_ BLS \_\_\_\_\_ LALS \_\_\_\_\_ Other

Ownership: ☒ Public ☐ Private  
 If Public: ☒ Fire  
☒ Law  
☒ Other  
 Explain: EMS

Name: \_\_\_\_\_ Primary Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Written Contract: ☐ Yes ☐ No Medical Director: ☐ Yes ☐ No ☐ Day-to-Day ☐ Disaster  
Number of Personnel Providing Services: \_\_\_\_\_ EMD Training \_\_\_\_\_ EMT-D \_\_\_\_\_ ALS  
\_\_\_\_\_ BLS \_\_\_\_\_ LALS \_\_\_\_\_ Other

Ownership: ☐ Public ☐ Private If Public: ☐ Fire ☐ Law ☐ Other  
Explain: \_\_\_\_\_ If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal